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CONFIRMATION NO. 3862

Bib Data Sheet

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SERIAL NUMBER 10/612,834	FILING DATE 06/30/2003 RULE	CLASS 165	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 884.945US1								
APPLICANTS Ashay A. Dani, Chandler, AZ; Sabina J. Houle, Phoenix, AZ; Christopher L. Rumer, Chandler, AZ; Thomas J. Fitzgerald, Phoenix, AZ;												
** CONTINUING DATA ***** <i>NU, TM</i>												
** FOREIGN APPLICATIONS ***** <i>NU, TM</i>												
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/26/2003												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>TM</i> </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY AZ </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 9 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 29 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 6 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>TM</i>	STATE OR COUNTRY AZ	SHEETS DRAWING 9	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 6			
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ADDRESS Schwegman, Lundberg, Woessner & Kluth, P.A. P.O. Box 2938 Minneapolis, MN 55402												
TITLE Heat dissipating device with preselected designed interface for thermal interface materials												
FILING FEE RECEIVED 1320	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"><input type="checkbox"/></td> <td>All Fees</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> </table>					<input type="checkbox"/>	All Fees	<input type="checkbox"/>	1.16 Fees (Filing)	<input type="checkbox"/>	1.17 Fees (Processing Ext. of time)	<input type="checkbox"/>	1.18 Fees (Issue)
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